

SUBMIT: ☒ APPLIED APPLICATION, TAX STATEMENT, AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY WISCONSIN  
Date Stamp (Received)  
AUG 09 2012

Permit #: 12-0387  
Date: 8-9-5-12  
Amount Paid: \$200.00  
Refund: 8/9/12

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Tracy B. Veillette  
Address of Property: 4741 S Cant. Hwy Trail  
Contractor: Scott Haan  
Authorized Agent: (Person Signing Application on behalf of Owner(s))  
Mailing Address: 2908 Brookshire Ln  
City/State/Zip: New Brighton, MN 55112  
City/State/Zip: Grand View, WI 53839  
Contractor Phone: (612) 794-2685  
Plumber: (612) 794-2685  
Agent Phone: (612) 794-2685  
Agent Mailing Address (include City/State/Zip):  
Telephone: (650) 705-2603  
Cell Phone: (612) 991-8842  
Plumber Phone: (612) 991-8842  
Written Authorization Attached: ☒ Yes ☐ No

PROJECT LOCATION: Lot 1 of Section 36, Twp 36N, Rng 12W, S1/2, P1/2  
Subdivision: 529-7442-2600 607 LOT 6  
Gov't Lot: 1  
Lot(s): 1  
CSM: 60674  
Vol & Page: 5, 172  
Lot(s) No.:  
Block(s) No.:  
Subdivision: 529-7442-2600 607 LOT 6  
Recorded Document: (if a Property Owner's)  
Volume: 2012-257346  
Page(s): 112-114  
112-114

Section 529, Township 44 N, Range 16 W  
Town of: Grand View

☒ Shoreland ☐ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If Yes--continue ☒ If Yes--continue

Distance Structure is from Shoreline: 735 feet  
Distance Structure is from Floodplain Zone: ☐ Yes ☒ No  
Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion: \$6,000  
Project (What are you applying for): New Construction  
# of Stories and/or basement: 1-Story  
Use: Seasonal  
# of bedrooms: 1  
What Type of Sewer/Sanitary System is on the property?: Municipal/City  
Water: ☐ City ☒ Well

☒ Addition/Alteration  
☐ Conversion  
☐ Relocate (existing bldg)  
☐ Run a Business on Property  
☐ Foundation  
☒ Saturated Ground

Existing Structure: (if permit being applied for is relevant to it)  
Proposed Construction: Length: 12' Width: 12' Height: ~12-13'

Proposed Use: ☒ Residential Use  
☐ Commercial Use  
☐ Municipal Use

Proposed Structure: Principal Structure (first structure on property)  
Residence (i.e. cabin, hunting shack, etc.)  
with Loft  
with a Porch  
with (2nd) Deck  
with a Deck  
with (2nd) Deck  
with Attached Garage  
Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities  
Mobile Home (manufactured date)  
Addition/Alteration (specify)  
Accessory Building (specify)  
Accessory Building Addition/Alteration (specify)  
Special Use: (explain)  
Conditional Use: (explain)  
Other: (explain) Garage

Dimensions: (12 x 12)  
Square Footage: 144

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for inspection.

Owner(s): Tracy B. Veillette  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

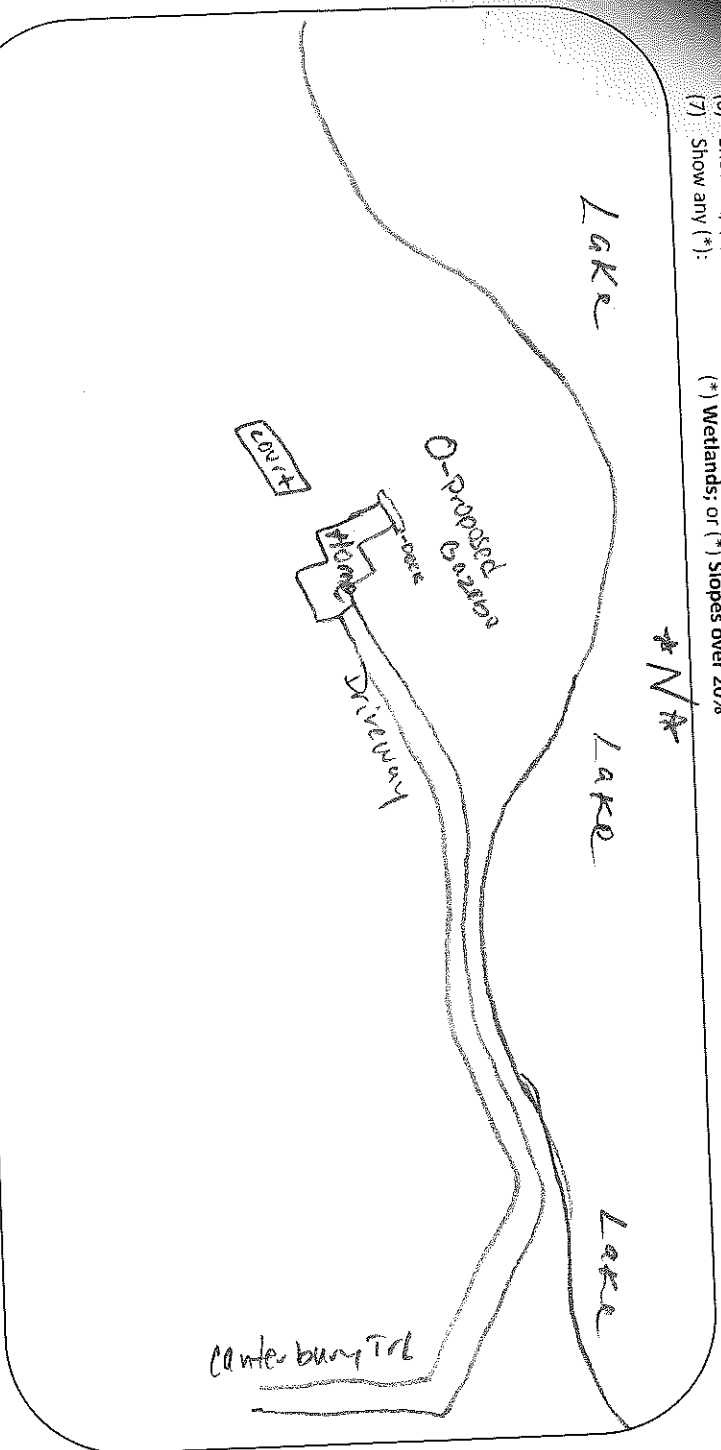
Authorized Agent: Scott Haan  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: 8/9/2012

Draw or sketch your property (include a north arrow)

**Proposed Construction**

- North (N) on Plot Plan  
 (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
 All Existing Structures on your Property  
 (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
 (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
 (\*) Wetlands; or (\*) Slopes over 20%



please complete (1) - (7) above (prior to continuing)

Plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

(3) Setbacks: (measured to the closest point)			
Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	71.00 Feet	Setback from the Lake (ordinary high-water mark)	735 Feet
Setback from the Established Right-of-Way	71.60 Feet	Setback from the River, Stream, Creek	
		Setback from the Bank or Bluff	
Setback from the North Lot Line	735 Feet		
Setback from the South Lot Line	71.00 Feet	Setback from Wetland	
Setback from the West Lot Line	71.00 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	71.60 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	
	Feet		
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

19) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P) and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction Does Not Commence. For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

Issuance Information (County Use Only)				Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):				Reason for Denial:		
Permit #: 12-0387		Permit Date: 9-5-10				
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)	Case #:		Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	We're Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:	Inspected by: <i>MM. Fowler</i>					
<i>Meets all requirements of Grand Exemption Law.</i>						
Date of Inspection: 8-17-12	Inspected by: <i>MM. Fowler</i>					
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
Signature of Inspector: <i>Michael Fowler</i>				Date of Approval: 8-20-12		
Hold For Sanitary: <input type="checkbox"/> _____				Hold For Fees: <input type="checkbox"/> _____		
Hold For TBA: <input type="checkbox"/> _____				Hold For Affidavit: <input checked="" type="checkbox"/> _____		

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Rec'd (Received)  
AUG 27 2012  
Bayfield Co. Zoning Dept.

Permit #:	10-03345
Date:	9-5-10
Amount Paid:	\$15.00 P.O.S
Refund:	8/27/12

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.  
HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Kimberly Elizabeth Wallin	Mailing Address: P.O. Box 14 Grand View, WI 54839	Telephone: 715-763-3362
Address of Property: 21990 Pratt St.		City/State/Zip: Grand View, WI 54839
Contractor: SELF	Contractor Phone: n/a	Plumber: n/a
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: n/a
Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION N E NE 1/4, SE NE 1/4	Legal Description: (Use Tax Statement) 04-021-2-45-06-21-1 01-000-6000	Recorded Document: (i.e. Property Ownership) Volume 675 Page(s) 158-284
Section 21, Township 45 N, Range 6 W	Town of: Grand View	Lot Size N/4
Distance Structure is from Shoreline: 750+ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Distance Structure is from Shoreline: feet		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Township 45 N, Range 6 W		Acres 21.500

Value at Time of Completion * include donated time & material \$1500.00	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure			Dimensions	Square Footage	
		Principal Structure (first structure on property)			( X )		
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)			( X )		
		with Loft			( X )		
		with a Porch			( X )		
		with (2nd) Deck			( X )		
		with a Deck			( X )		
		with (2nd) Deck			( X )		
		with Attached Garage			( X )		
	<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)			( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)				( X )	
	<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Addition/Alteration (specify) HARBOR RAMP			( 3' X 25' )	75
<input type="checkbox"/>	Accessory Building (specify)				( X )		
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)				( X )		
<input type="checkbox"/>	Special Use: (explain)				( X )		
<input type="checkbox"/>	Conditional Use: (explain)				( X )		
<input type="checkbox"/>	Other: (explain)				( X )		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purposes of inspection.

Owner(s): Kimberly Wallin Elizabeth Wallin  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date: Aug 27, 2012  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

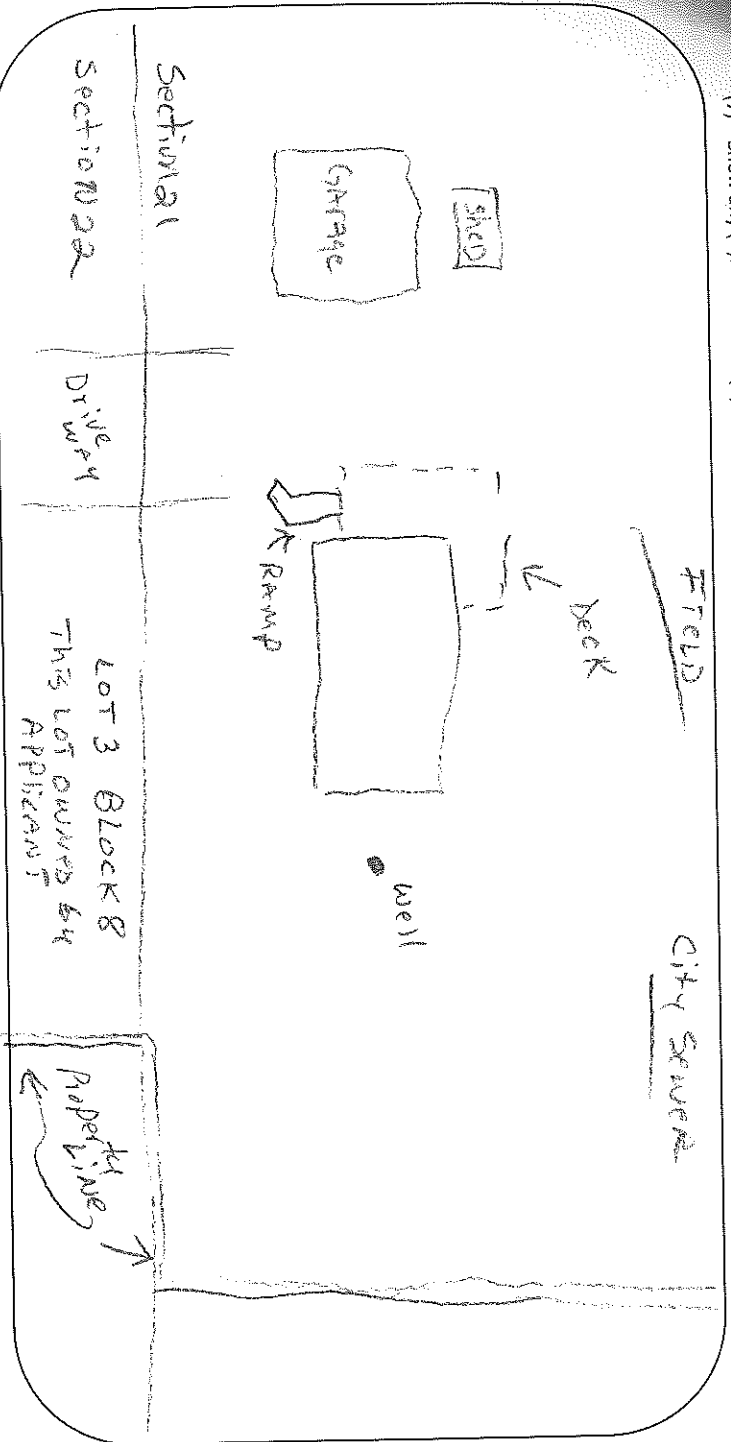
Rec'd for Issuance 9/19/10 Pratt St Grand View, WI 54835  
Address to send permit \_\_\_\_\_  
SEP 5 2012  
Copy of Tax Statement ✓  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
- (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (3) Show Location of (\*): All Existing Structures on your Property
- (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
- (7) Show any (\*):



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	90+ Feet	Setback from the Lake (ordinary high-water mark)	NH Feet
Setback from the Established Right-of-Way	90+ Feet	Setback from the River, Stream, Creek	750+ Feet
Setback from the North lot line	180+ Feet	Setback from the Bank or Bluff	700+ Feet
Setback from the South lot line	90+ Feet	Setback from Wetland	NH Feet
Setback from the West lot line	NH Feet	Setback from 20% Slope Area	700+ Feet
Setback from the East lot line	NH Feet	Elevation of Floodplain	NH Feet
Setback to Septic Tank or Holding Tank	NH Feet	Setback to Well	15' Feet
Setback to Drain Field	NH Feet		
Setback to Privy (Portable, Composting)	NH Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 12-0335		Permit Date: 9-5-10					
Is Parcel a Sub-Standard Lot		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel In Common Ownership		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No			
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:		Zoning District (R-4, F-1)					
Date of Inspection: 9-4-12		Inspected by: M. Fuchs					
Condition(s): Town, Committee or Board Conditions Attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No - If No they need to be attached.					
Signature of Inspector: Michael Grottel		Date: 9-5-12					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	